

**RESERVATION INFORMATION**

Confirmation Number **66599053**
Arrival **08-22-16**
Departure **08-26-16**
No. of Guests **1/ 0**
No. of Rooms **1**

RATE INFORMATION

Room Description **King Non-Smoking Room**
Rate Plan
Additional Rate Details **17% Tax**

GUEST INFORMATION AND BOOKING REQUIREMENTS

Name **David Kappelman**
Address **1111**
 Niagara Falls NY 14305
 United States

Membership Type
Membership Number
Email
Phone Number **1111**
Credit Card Type **Cash**

Please cancel 24 hours before the day you are due to arrive to avoid penalty charges.

Thank you for choosing the HOLIDAY INN NIAGARA FALLS NY. We look forward to having you as our guest.

Best regards,

Hotel Specific Information

Reservations Office

Holiday Inn Niagara Falls NY
114 Buffalo Ave
Niagara Falls NY 14303
Ph 716.285.2521 Fax 716.285 0963

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